

1 IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
2 IN AND FOR THE COUNTY OF SAN FRANCISCO
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4 MILTON J. HOROWITZ and SHIRLEY HOROWITZ,
5

Plaintiffs,

vs.

No. 965245

7 RAYBESTOS-MANHATTAN, INC.,
8 et al.,

Defendants.

9 _____/

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13 DEPOSITION OF LESLIE PREGER, M.D.
14 TUESDAY, JULY 11, 1995

15 REPORTED BY:

16 CLAUDETTE DOLEMAN, CSR NO. 6379
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1 I N D E X

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3 E X A M I N A T I O N S

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5 EXAMINATION BY MS. CHABER

PAGE
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7 E X H I B I T S

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9 PLAINTIFFS'

PAGE

10
11 1 2-page exhibit consisting of a cover 18
12 sheet dated May 8, 1995 to Dr. Leslie
13 Preger with CXR Inventory Report dated
14 5/8/95
15 2 27-page exhibit consisting of a cover 23
16 letter dated 7/11/95 and part of the
17 backer entitled "New Information"
18 3 7-page handwritten notes of Dr. Preger 42
19 dated 5/9/95
20
21 4 3-page handwritten notes of Dr. Preger 43
22 dated 5/10/95 labeled as Pages 5, 6, and
23 7 of the original notes
24
25 5 2-page handwritten notes of Dr. Preger 44
dated 7/10/95 labeled as Pages 8 and 9

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BE IT REMEMBERED that, pursuant to Notice of Taking Deposition, and on Tuesday, July 11, 1995, commencing at the hour of 3:16 p.m., at the Law Offices of Berry & Berry, 1300 Clay Street, Ninth Floor, Oakland, California 94612, before me, Claudette Doleman, CSR #6379, duly authorized to administer oaths pursuant to Section 2093(b) of the California Code of Civil Procedure, personally appeared:

LESLIE PREGER, M.D.,

called as a witness by the Plaintiffs, and the said witness, being by me first duly sworn was thereupon examined and testified as hereinafter set forth.

LAW OFFICES OF WARTNICK, CHABER, HAROWITZ, SMITH & TIGERMAN, 101 California Street, 26th Floor, San Francisco, California 94111, represented by MADELYN J. CHABER, ESQ., appeared as counsel on behalf of the Plaintiffs.

LAW OFFICES OF BERRY & BERRY, 1300 Clay Street, Ninth Floor, Oakland, California 94612, represented by EVANTHIA M. SPANOS, ESQ., appeared as counsel on behalf of the Defendant Kaiser Gypsum.

LAW OFFICES OF SHOOK, HARDY & BACON, One Kansas City Place, 1200 Main Street, Kansas City, Missouri 64105-2118, represented by WILLIAM S. OHLEMEYER, ESQ., appeared as counsel on behalf of the Defendant Lorillard,

Inc.

LAW OFFICES OF PREUSS, WALKER & SHANAGHER, 595 Market Street, 16th Floor, San Francisco, California 94105, represented by DONALD F. ZIMMER, JR., ESQ. and STEPHEN J. BRAKE, ESQ., appeared as counsel on behalf of the Defendant Hollingsworth & Vose Company.

LAW OFFICES OF JACKSON & WALLACE, 1 Maritime Plaza, 22nd Floor, San Francisco, California 94111, represented by GORDON MAY, ESQ., appeared as counsel on behalf of the Defendant Plant Insulation Company.

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LESLIE PREGER, M.D.

having been first duly sworn, testified as follows:

EXAMINATION BY MS. CHABER

MS. CHABER: Q. Dr. Preger, my name is Madelyn Chaber, and I represent the plaintiffs, Milton and Shirley Horowitz in this case.

You have been retained by the defendants in this case to give some expert testimony; is that correct?

9 A. Yes, Miss.
10 Q. Can you tell me what your understanding of the
11 nature of the testimony that you have been asked to give
12 is?
13 A. Yes. I've been asked to review the backer and
14 the accompanying x-rays and CT's and give an interpretation
15 of what I see abnormal on the x-rays and CT's.
16 Q. Have you been asked to render expert opinions on
17 causation of any disease present in Dr. Horowitz?
18 A. No, Miss.
19 Q. When were you first contacted with respect to
20 this case?
21 A. I think it was May of last year if I examine --
22 May I just refresh my memory on that?
23 Q. Absolutely. This is mine.
24 A. Okay.
25 Q. There's a full set there. I have some notes on

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1 it. That's why I don't want to give it up.
2 A. Okay.
3 MS. CHABER: Are these all copies of the same
4 thing?
5 MS. SPANOS: Yes. I think so.
6 Want to go off the record for a second?
7 MS. CHABER: Yes.
8 (Discussion off the record.)
9 THE WITNESS: It was May of '95.
10 MS. CHABER: Q. May?
11 A. Yes.
12 Q. And how were you contacted?
13 A. The backer and films were sent to me.
14 Q. Was there any telephone call that preceded this
15 advising you that you were being asked for an expert
16 opinion in this case?
17 A. No. Usually that's not the case. I will phone
18 up when I review the case, but before I get the films
19 there's usually no phone call.
20 Q. Okay. Have you had a standing ongoing
21 relationship with the Berry & Berry law firm on behalf of
22 defendants that you will review films, chest x-rays, and CT
23 scans on their behalf?
24 A. Yes, Miss.
25 Q. How long has that been ongoing?

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1 A. Recently it's been about two years, and then
2 before that there was a gap of many years. I'm not sure
3 offhand now. Maybe 10 years. And then about 10 years ago
4 or 12 years ago I did work for them, too.
5 Q. And do you have a current CV with you?
6 A. No, I don't have one, Miss. I'm sorry.
7 Q. Do you have one that is available that could be
8 provided to me subsequently?
9 A. Yes. If you give me your card I'll mail one to
10 you.
11 Q. Okay. And how current is that CV? When was the
12 last time you updated it?
13 A. Within the last year.
14 MS. CHABER: Do you know if there's one in the
15 office?
16 MS. SPANOS: I don't know offhand.
17 MS. CHABER: Okay. Maybe on a break we can
18 check. That might speed things up.

19 MS. SPANOS: Okay.
20 MS. CHABER: Q. What is your present
21 employment?
22 A. I'm semi-retired. I work part time in a private
23 office doing CAT scanning mainly. And I work a few hours a
24 week partly as a volunteer at Shriners Hospital in
25 San Francisco. And I do medical/legal work, and I do

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1 volunteer work abroad.
2 Q. What type of volunteer work abroad?
3 A. As a radiologist.
4 Q. How much time do you spend in the non-retired
5 portion of your radiology work that is at your office?
6 A. Three days a week.
7 Q. Is that full-time, those days?
8 A. Three days, yeah.
9 Q. Do you have any partners?
10 A. No. It's not my office. It belongs to a group.
11 I work there three days a week.
12 Q. And what's the group?
13 A. Peninsula Diagnostic Services.
14 Q. Is that group affiliated with any hospitals?
15 A. I'm only affiliated with Shriners. I'm the only
16 radiologist that works there.
17 Q. Do you have privileges at any other hospitals
18 besides Shriners?
19 A. No.
20 Q. Did you have --
21 A. Well, I beg your pardon. I teach at UCSF so I
22 have privileges there.
23 Q. Did you have affiliation with other hospitals in
24 the past?
25 A. Yes, Miss.

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1 Q. And was that what's become Summit?
2 A. No. I used to be on the full-time faculty at
3 UCSF. And then after that I was Associate Chief and then
4 Chief of Radiology at French Hospital in San Francisco.
5 And then for about eight or nine years before I retired I
6 was Chief of Radiology at Highland Hospital in Oakland. So
7 those are the hospitals I've had privileges at.
8 Q. Okay. And the last time you had privileges at
9 Highland Hospital was eight or nine years ago?
10 A. Yeah. I retired in '91, 1991.
11 Q. And without seeming impolite, could you tell me
12 how old you are, sir?
13 A. Yes, 69.
14 Q. What percentage of your time do you spend
15 teaching at UCSF?
16 A. Now just one or two hours a month.
17 Q. And what do you teach?
18 A. Radiology.
19 Q. But do you teach, you know, invited in as a
20 guest lecturer in someone's class? Do you have a regular
21 class?
22 A. Oh, I see. Yeah, I have a regular class of
23 medical students.
24 Q. And are these general medical students or are
25 they specializing in radiology?

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1 A. Well, currently I only teach medical students,
2 and they're men and women who have chosen to take what they
3 call an elective in radiology. Previously before I retired
4 I used to teach the residents.

5 Q. And what percentage of your time do you do
6 volunteer work at Shriners?

7 A. One morning a week, a couple of hours.

8 Q. And what percentage of your time do you spend
9 doing volunteer work abroad?

10 A. About a month a year, three to four weeks a
11 year.

12 Q. What percentage of your time do you spend doing
13 medical/legal work?

14 A. Probably a little less than half.

15 Q. And I take it the Shriners work since you're a
16 volunteer you don't get paid for that?

17 A. No. I said I work partly as a volunteer. I
18 work there three times a week. Twice I get paid, and once
19 I volunteer.

20 Q. And the three times a week that you work at
21 Shriners on a paid basis --

22 A. Excuse me.

23 Q. -- is that included within the three days that
24 you do full-time radiology?

25 A. I'm sorry. Will you say that again?

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1 Q. Well, I think before I do you were, I believe,
2 going to correct me on something I was saying?

3 A. That's right. I think you said three times. I
4 work twice a week at Shriners in a paid capacity, one time
5 a week in an uppaid capacity.

6 Q. Okay. The two times a week that you work on a
7 paid capacity at Shriners, was that included within your
8 three days full-time radiology practice work that you do?

9 A. No, that's in addition to it.

10 Q. And the volunteer work that you do abroad for
11 three to four weeks out of the year, I take it that's not
12 paid work?

13 A. No.

14 Q. And I take it the three days a week full-time
15 that you do radiology for Peninsula Diagnostic Services is
16 paid?

17 A. Yes, Miss.

18 Q. And the medical/legal work is paid as well?

19 A. Yes, Miss.

20 Q. And what do you charge on an hourly basis first
21 for consultation?

22 A. For ordinary reviewing work I charge \$225 an
23 hour. For deposition, \$300 per hour for the first hour and
24 it diminishes if it continues beyond that.

25 Q. I think you have it backwards. You're supposed

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1 to make it more to discourage us from making these
2 depositions any longer than they need to be.

3 A. I never thought of that. That's a good point.

4 MR. MAY: He trusts that you'll be short.

5 THE WITNESS: That's funny. I like that.

6 MS. CHABER: Q. And for trial testimony how
7 much do you charge for that?

8 A. \$300 per hour.

9 Q. Does that decline if you're kept on the stand

10 for more than one day?
11 And do you have an average number of cases that
12 you review per week medical/legal?
13 A. Yes. I would think about two new cases a week
14 although sometimes I'll get them back with addenda.
15 Q. Okay. So you might do two new cases but there
16 might be a third that you've seen some materials on and
17 you're reviewing additional materials?
18 A. That would be an average. Some weeks I'll have
19 no cases but that rough count would be right.
20 Q. And has this average been fairly constant for
21 the two years that you've been back doing work on behalf of
22 defendants in asbestos litigation?
23 A. I think so.
24 Q. And am I correct that in this two-year time
25 period, the most recent time period doing medical/legal

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1 work, that 100 percent of your medical/legal work is on
2 behalf of defendants?
3 A. No, Miss, that's not correct. No.
4 Q. Can you tell me what the breakdown is?
5 A. I can't give you the breakdown because the films
6 I get from other doctors I don't know who they represent.
7 And when they come from attorneys there will be a few from
8 other plaintiffs' attorneys like the Kazan firm, but I
9 don't -- The majority will be from Berry & Berry. I can't
10 give you a percentage.
11 Q. Okay. When you say the majority from Berry &
12 Berry, is that more than 50 percent of the medical/legal?
13 A. Oh, yes, much more but --
14 Q. More than 75 percent?
15 A. Yes, more than 75 percent but I -- You know,
16 whether it's 85 or 95, I'm not sure.
17 Q. Okay. And when you say you get films from other
18 doctors for medical/legal work, could you give me some of
19 the doctors you've gotten films from --
20 A. Yes, Miss.
21 Q. -- in the last two years we're talking about?
22 A. Yes, Miss. Mustacci, Blau, Levine.
23 Q. That's Gerald Levine?
24 A. Gerald Levine.
25 Q. Okay.

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1 A. Solomon. Then there's a big group in Oakland.
2 I don't remember the names of all the doctors but Hughes,
3 Lewis. There's about seven or eight doctors in the group.
4 I don't remember all the names of all of them. Then the
5 man with the funny name. Revels Clayton.
6 Q. Revels Cayton?
7 A. Cayton. That's it, yeah.
8 Those are off the top of my head the ones I
9 remember most.
10 Q. Okay. And when you get these films to review
11 from these doctors you're not aware of on whose behalf
12 these doctors are asking you to review the films?
13 A. No.
14 Q. What percentage of your medical/legal work is
15 asbestos related?
16 A. Well, chest related, let's put it that way
17 rather than asbestos related because I don't have the
18 occupational history of a lot of the films I get from

19 doctors.
20 Q. You understand, though, that when you're getting
21 films from Dr. Levine, for example, that somebody is
22 claiming an asbestos-related disease?
23 A. No. No. It's not always the case. In
24 retrospect, you know, when I discuss the case with the
25 doctor afterwards some of them have been sandblasters.

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1 Some of them have been asthmatic cases of various kinds.
2 I don't have -- I have no knowledge usually of
3 the occupational history when I first look at the films.
4 Q. Okay. When you receive medical backers,
5 however, then you have an understanding -- Strike that.
6 When you do the 75 percent or more of the work
7 on behalf of Berry & Berry on behalf of the defendants, you
8 understand that those are related to claims of
9 asbestos-related disease?
10 A. That's nearly always the case although some have
11 been sandblasting or sandblasters, I should say.
12 Q. Now, in this case, Dr. Horowitz's case, when you
13 were first contacted in May of 1995 you were provided with
14 a backer?
15 A. Yes, Miss.
16 Q. And, boy, I hate wasting the paper and the money
17 but I don't know how else to do this. The backer that's
18 been provided to me has two tabs. One says "Old
19 Information" and the other one says "New Information."
20 A. Yes, Miss.
21 Q. This backer that's been presented to me now is
22 not necessarily the backer that you received in May of 1995
23 physically although it may well be a portion of it or a
24 copy of that. Is that correct?
25 A. The part of the backer labeled "Old Information"

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1 I presume is the same backer as I got in May, but I've not
2 checked it to confirm that.
3 Q. Okay. There's no cover letter connected to what
4 is described as "Old Information" in this backer that's
5 sitting before me now. Correct?
6 A. I've not really looked at it. I don't know if
7 there is or there isn't.
8 Q. Well, let me --
9 A. Yeah.
10 Q. I don't want to deprive you of the --
11 A. All I got today, Miss, is the stuff labeled "New
12 Information."
13 Q. Okay. And you have presumed that what is
14 labeled "Old Information" was information that you had
15 previously reviewed back in May of 1995?
16 A. Yes. I assumed that, yes.
17 Q. Okay. And when you were first contacted and
18 provided a backer in May of 1995 did you review that
19 material at that time or was it some time subsequent to
20 that?
21 A. I reviewed the backer and then I reviewed the
22 CT's and the chest films.
23 Q. Within a couple of days of receiving it?
24 A. Oh, yeah. Well, within a week anyway.
25 Q. Okay. There's a set of notes presumably of

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1 yours. Is this your handwriting, sir?
2 A. Yes, Miss.
3 Q. Okay. And at the top it says 5/9/95?
4 A. Yes.
5 Q. Is that approximately when you were provided
6 with a --
7 A. That's when I started.
8 Q. Okay. At that point in time were you provided
9 with an inventory of physical x-rays and CT scans?
10 A. Yes, Miss.
11 Q. Okay. Do you have a copy of that inventory?
12 You've pulled this out of a red file labeled
13 "Horowitz, Milton"?
14 A. Yes, Miss.
15 Q. Is there anything else in that file?
16 A. No, Miss.
17 Q. Okay. Can I see that? Did you give me the --
18 A. I received another inventory today but I've not
19 looked at that.
20 Q. Okay.
21 MS. SPANOS: Here's some copies here, too,
22 Madelyn.
23 MS. CHABER: Oh, there are. Okay. Thanks.
24 Okay. We'll mark the -- I'm just going to write
25 a little number and the court reporter can put the tags on
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1 it when we take a break.
2 We'll mark the chest x-ray or CXR Inventory
3 Report dated 5/8/95 as Plaintiffs' 1.
4 (Plaintiffs' Exhibit No. 1 was
5 marked for identification.)
6 MS. CHABER: Q. Doctor, is that your crossing
7 out and your checkmarks on this document?
8 A. Yes, it is.
9 Q. Okay. And do the crossing out --
10 Does the crossing out have any significance?
11 A. Just that I finished reading the x-ray or I
12 identified the envelope.
13 Q. You crossed out the name?
14 A. Yes.
15 Q. Is there any reason why Tower Radiation Medical
16 Group isn't crossed out?
17 A. Oh, I see. This is the important things here
18 (indicating).
19 Q. And you're notating the right-hand column where
20 you have checkmarks?
21 A. Yes, Miss.
22 Q. Okay. And that indicates that you have examined
23 those?
24 A. Yes, Miss.
25 Q. And the crossing out of the name of the facility
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1 has no significance?
2 A. It means that I've checked out that envelope.
3 But the part that I didn't check it out in both places is
4 not really important.
5 Q. Okay. And yesterday -- Okay. Today is the
6 11th. Yesterday you were provided an inventory dated
7 7/10/95?
8 A. Yes. No, I didn't get that until today. I got
9 the films yesterday but the messenger wouldn't give me the

10 inventory sheet for some reason.
11 Q. All right. And did you re-review these films
12 yesterday when you received them?
13 A. Yeah. Last night and this morning, yes.
14 Q. Okay. And there are no checkmarks on the
15 7/10/95 Inventory Report. Does that have any significance?
16 A. Well, I only got it few minutes ago, you see.
17 Q. You didn't have it at the time you were
18 reviewing the films so you couldn't have made the
19 checkmarks; is that right?
20 A. Yes. Correct.
21 Q. Okay. And just to keep a clear record, these
22 two appear to be identical. Is that a fair statement,
23 Doctor?
24 A. Yes, I'm sure, Miss. Yeah.
25 Q. Okay. And have you, in fact, seen any chest

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1 x-rays or CT scans today or last night which you had not
2 seen previously in May?
3 A. Yes.
4 Q. And what have you seen?
5 A. I saw a high resolution CT examination that was
6 dated -- if you'll give me a moment -- dated on 1/17/95.
7 It was part of a standard exam or complimentary, a
8 supplemental standard exam, but that high resolution CT
9 exam was not in the envelope when I first saw it.
10 It's not a full high resolution CT exam, just
11 five sections all supine.
12 Q. Five sections --
13 A. All supine.
14 Q. Okay. And that was in the materials that were
15 provided to you yesterday?
16 A. Yes, Miss.
17 Q. Okay. And when you say high resolution CT scan,
18 what resolution are you talking about?
19 A. 1.5 millimeter.
20 Q. And the 1.5 millimeter, is that the distance
21 between the individual cuts that are taken or slices on the
22 CT?
23 A. No, Miss. That's the thickness of the slice.
24 Q. So an area is chosen to be examined and a CT is
25 taken at one point, and then at 1.5 millimeters from that a

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1 second one is done?
2 A. No, Miss. I didn't mean that. What I meant is
3 the thickness of the slice is 1.5 millimeter, but the
4 distance between the slices is many centimeters.
5 Q. Okay. Can you tell me how many centimeters
6 between slices?
7 A. It wasn't -- I'd have to look back at the film
8 but offhand it would be about six centimeters.
9 Q. So these were taken at various points in the
10 chest?
11 A. Yes, Miss.
12 Q. And the resolution of the CT scan that wasn't
13 high resolution taken on that same day, what's the
14 thickness of the slices?
15 A. They were 10 millimeters. There may have been
16 some fives as well, but I'm not sure.
17 Q. In fact, that CT did not have uniform thickness
18 slices throughout?

19 A. I just wrote down "standard CT" which usually
20 means either 10 millimeters throughout or 10 millimeters
21 for most of it and a few fives through the middle.
22 I usually don't make any differentiation unless
23 I think it's of importance.
24 Q. Okay. Did you see in the course of your review
25 any other high resolution CT scans other than this 1/17/95?

21

1 A. No, Miss.
2 Q. Okay. And how many individual frames are we
3 talking about that were high resolution CT's?
4 A. Five.
5 Q. And what area of the lungs were high resolution
6 CT?
7 A. The lower half, the lower 60 percent.
8 Q. Did you see anything in the records provided to
9 you as to why high resolution CT scanning was being done of
10 the lower half on January 17th, 1995?
11 A. I've not had a chance of reviewing the backer
12 since I saw it in May other than the addendum. But from my
13 recollection there was no indication in the backer that the
14 man had a high resolution CT scan, but that's, you know,
15 from a few month's recollection.
16 Q. Now, the backer that was provided to you says
17 "M. Horowitz, Preger 7/10/95," and it has a cover letter
18 dated July 11th, 1995 on the top of it.
19 When was the first time you saw this backer
20 that's physically sitting in front of me now?
21 A. Shortly after 2:00 o'clock.
22 Q. And did you -- Strike that.
23 If I recall what you said earlier the only thing
24 you had an opportunity to review today was the information
25 that's entitled "New Information"?

22

1 A. Yes, Miss.
2 MS. CHABER: Okay. We'll have the cover letter,
3 the July 11th, 1995 cover letter and "New Information"
4 copied and marked as Plaintiffs' 2. And I'll think about
5 whether I want to waste paper have the second part marked
6 or not. I may go through and mark individual pages.
7 (Plaintiffs' Exhibit No. 2 was
8 marked for identification.)
9 MS. CHABER: Q. Initially you were provided
10 with in the original backer Dr. Barry Horn's report?
11 A. I got that just now although there may have been
12 a prior -- a previous report.
13 Q. Okay. Do you recall seeing this January 17th,
14 1995 report?
15 A. Yes, I did have a prior report from Dr. Horn.
16 Q. Okay. And did you have a report from
17 Dr. Hammar?
18 A. Yes, Miss.
19 Q. Okay. Are you familiar with Dr. Horn?
20 A. I don't know him personally. I know of him.
21 Q. Have you had any professional conversations with
22 Dr. Horn through the course of your and his medical
23 careers?
24 MS. SPANOS: I'll object as vague and ambiguous.
25 THE WITNESS: Yeah, I have no idea. I mean I

23

1 don't -- I'm 69. I've been to maybe 300 medical meetings.
2 I have no idea whether I met Dr. Horn.

3 MS. CHABER: Q. You both practice in the East
4 Bay. Are you aware of any patients that you and Dr. Horn
5 had in common?

6 A. I've only read his reports. I don't actually
7 practice in the East Bay since I retired.

8 Q. In the past have you treated any patients or
9 reviewed any x-rays on any patients that you believe
10 Dr. Horn was a treating physician of?

11 A. In ordinary medical practice I don't recall
12 such, but I've clearly seen Berry & Berry in similar
13 attorney cases where he has been maybe not a treating
14 doctor but an examining doctor.

15 Q. Okay. And were you provided with medical
16 research with respect to this case? Any articles? Any
17 Med-Line searches or anything?

18 A. No, Miss.

19 Q. To the extent that there are Med-Line searches
20 or medical literature contained within this backer, is it
21 fair to say that that is part of Dr. Horowitz's treating
22 record?

23 A. May I see what you're referring to?

24 Q. Okay. Just as an example, I --

25 A. Oh, I see what you mean now. I didn't

24

1 understand the question.

2 You're referring to the bibliography that the
3 chemotherapy doctor has been using. Is that correct?

4 Q. Yes.

5 A. Yeah.

6 Q. That's part of his treating record?

7 A. Yeah.

8 Q. That's not material that was provided to you
9 outside of his treating record by Berry & Berry?

10 A. No. I just received this backer as it is. I
11 presume so anyway.

12 Q. Okay. Have you done any medical research review
13 of the literature with respect to this case?

14 A. Yes, Miss.

15 Q. And what have you done?

16 A. I -- Well, let me do it separately. I regularly
17 review or read articles in industrial medical journals, and
18 I regularly review some of the standard textbooks on
19 occupational diseases, not just for this particular
20 gentleman but in general. And this morning I spent some
21 time in the U.C. Library looking up mesothelioma.

22 Q. Okay. And how many articles did you review
23 today?

24 A. Three or four.

25 Q. Do you have any of those with you?

25

1 A. No. I just read them in the library.

2 Q. Can you tell me any of those articles?

3 A. Yeah. The one that was most interesting to me
4 was one in Volume 14 of the Journal of Scandinavian Work &
5 Environmental Health by a man named Penar, P-e-n-a-r.

6 Q. And do you know what it was called?

7 A. It was a review article on mesothelioma. I
8 don't remember the exact title.

9 Q. And what was the substance of that article?

10 A. It gave the varying potential etiologies of
11 malignant mesotheliomas as recorded in the literature.
12 Q. And why is it that picked out that article to
13 review?
14 A. It was just mentioned in the bibliography of
15 another article that came from somewhere in northwestern
16 Italy. I'm afraid I don't remember the authors. There's a
17 whole pile of them.
18 And this was in -- It was either in the Journal
19 of Occupational Medicine or the --
20 It was either in the British -- well, what used
21 to be called the British Journal of Industrial Medicine.
22 It's now another title like Occupational Medicine and
23 Environmental Health or something like that. It was either
24 in there or in the American Journal of Occupational
25 Medicine. I can't remember which of the two it was in.

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1 Q. Do you remember when the article was written?
2 A. This year. It was within the last 12 months,
3 put it that way.
4 Q. And what was the --
5 Do you recall the title of that article?
6 A. Yeah. Well, the approximate title was the
7 Incidence of Malignant Mesotheliomas Without an
8 Occupational History.
9 Q. And what other articles did you review this one
10 this morning? Was it in morning?
11 A. This morning, yeah. Well, this morning and last
12 night. Then there was one -- Well, I gave you three
13 actually. Two are on mesotheliomas in northern Italy --
14 and I can't remember where the other one was -- plus a
15 review article. Those are the three articles I read this
16 morning.
17 Q. I think I'm confused now. I only got two. One
18 was the article in the Scandanavian Journal?
19 A. Yeah.
20 Q. One was the article, I thought, on northwestern
21 Italy in either the British Journal of Industrial Medicine
22 or the American Journal of Occupational Medicine?
23 A. Yes.
24 Q. And what's the third?
25 A. Well, the third -- they're both on the incidence

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1 of mesothelioma, the latter two. One was in the American
2 Journal and one was in the British Journal.
3 Q. Okay. There were two on the same topic?
4 A. Yeah, a similar topic.
5 Q. Okay. A similar topic?
6 A. Yeah.
7 Q. And can you tell me the first time that you met
8 with an attorney regarding Dr. Horowitz's case?
9 A. Today. This afternoon.
10 Q. What time?
11 A. 2:30 approximately.
12 Q. And who did you meet with?
13 A. Miss Spanos.
14 Q. Was anyone else present?
15 A. Some of these gentlemen were.
16 Q. Could you identify which ones? If you don't
17 know their names, if you point we'll either have them
18 identify themselves or I'll say it.

19 A. All of them except this gentleman here
20 (indicating).
21 Q. Okay.
22 MR. MAY: My name is Gordon May. I was not
23 present. That should make it clear who was.
24 MS. CHABER: Thank you, Gordon.
25 Q. And before this meeting --

28

1 You said this meeting occurred at about
2 2:00 o'clock today?
3 MS. SPANOS: He said 2:30.
4 THE WITNESS: No. I'm sorry. About 2:30
5 approximately, yeah.
6 MS. CHABER: Q. Okay. And before this meeting
7 at 2:30 did you have any telephone conversations with any
8 attorneys?
9 A. Yes, when I -- After I finished reviewing these
10 films and CT's I phoned Miss Collins of this firm.
11 Q. And was that back in --
12 A. May.
13 Q. -- May?
14 A. Yes.
15 Q. And what did you tell Miss Collins?
16 A. I gave her a synopsis of my findings.
17 Q. And what did you tell her?
18 A. I said it -- Can I read from my notes?
19 Q. Sure.
20 A. It's Page 7, Miss.
21 Q. It's Page 7. And unfortunately you're going to
22 have to read from your notes, Doctor, because I have tried
23 really hard and yours are very difficult to read. So, yes,
24 I would appreciate it if you read from your notes.
25 A. Okay. "71 years of age, male. Exposed filter

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1 cigarettes. No apparent occupational asbestos exposure.
2 Had adenocarcinoma colon 1971 treated with surgery and
3 prostate" -- it's not cancer but cancer is implicit there
4 -- "in 1987 treated with surgery. Had one 1 of 14 positive
5 nodes. The prostate cancer spread to regional lymph nodes
6 but kept under control with combined hormonal therapy."
7 "Mesothelioma diagnosis which thoracoscopy
8 July '94. Viewed CT's and chest x-rays 1987 through 1995.
9 1987, bilateral normal pleura and parenchyma. Right side
10 appearance that of primary or secondary pleural
11 malignancy."
12 Q. Okay. And later but not yet I'm going to
13 actually have you read good portions of this into the
14 record because I really struggled along, but you were
15 reading from Page 7.
16 Now, has Page 7 had any alterations to it?
17 A. Yes, Miss. On Line 4 I added number 30.
18 Q. Okay. And you're referring at the top of Page 7
19 not the portion that you just read. Is that correct?
20 A. Yeah. Line 4. Sorry. Line 3. I beg your
21 pardon.
22 Q. All right. Could you please read in that whole
23 upper portion above the portion that you just read into the
24 record on Page 7?
25 A. That actually begins on the prior page.

30

1 Q. Okay.
2 A. Do you want me to start from the prior page?
3 Q. Yes. I believe that the reference is to the
4 1/17/95 CT scan?
5 A. Yes, Miss.
6 Q. Okay. And then you have a circle with a
7 negative sign in there?
8 A. Yeah.
9 Q. What does that mean?
10 A. That means no contrast was used.
11 Q. Okay.
12 A. "CT standard. No contrast. Lobulated pleural
13 mass encircling right hemithorax base to apex to right
14 mediastinum. Fissure invasion of the minor and major
15 fissure. Parenchymal invasion. Right hilus enveloped.
16 Right side heart involved. Much of mass lies anterior and
17 superior. Mass invades azygos - esophageal recess. Faint
18 calcification in mass or invaded portion of right lower
19 lobe Nos. 36, 37, 38 and 30. AP window, nodes positive.
20 Left chest wall and diaphragm, pleural negative, lung
21 negative." That means the left lung.
22 Q. Okay. Now, your original notes did not include
23 cut 30; correct?
24 A. Correct.
25 Q. Is cut 30 from the high resolution CT scan?

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1 A. No, Miss.
2 Q. These are all where you state focal
3 calcification in mass on 36, 37, 38, and now we added 30?
4 A. Yeah.
5 Q. This is all on the standard film?
6 A. Yes, Miss.
7 Q. And your re-review of the x-rays today is what
8 prompted to you add 30?
9 A. Last night, yes.
10 Q. Okay. And what is that calcification?
11 A. What is it? Well, it's calcification.
12 Q. And what is calcified?
13 A. The tissue on those slices.
14 Q. What tissue?
15 A. I can't separate out the malignancy from
16 adjacent invasion of lung from adjacent pleura. It's all
17 one radiographic mass.
18 Q. And it's true, isn't it, Doctor, that
19 mesothelioma does not calcify?
20 A. No, it's not true, Miss.
21 Q. Mesothelioma does calcify, in your opinion?
22 A. There are case reports, not many, of
23 mesotheliomas which are what are called differentiate into
24 cartilage and bone which may be calcified.
25 Q. And those are called osteocartilaginous

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1 mesotheliomas?
2 A. Osteocartilaginous differentiation of
3 mesothelioma.
4 Q. And did what you see in cuts 36, 37, 38 and 30
5 have the typical appearance of osteocartilaginous
6 differentiation of mesothelioma?
7 A. I think that would have to be more a question
8 you ask a pathologist rather than a radiologist.
9 Q. And assuming that there is no pathology material

10 since this gentleman is still alive and those are still
11 portions of his body at this point in time, do you have an
12 opinion to a reasonable degree of medical certainty whether
13 what you identified as calcified tissue is indeed
14 osteocartilaginous differentiation of mesothelioma?

15 A. No, Miss. There are several theoretical
16 possibilities as to why calcification can appear in that
17 area, and I could not differentiate them radiographically.

18 Q. What are the theoretical possibilities?

19 A. I think that's beyond my province as an expert
20 witness to go into that.

21 Q. Could that calcification be pleural plaque?

22 A. Not in the usual accepted sense of the word.

23 Q. What's the usual accepted sense of the word,
24 Doctor?

25 A. A localized area of pleural calcification which

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1 is discreet and which has a finite thickness that's easily
2 measured. And this is diffuse calcification that spreads
3 into the lung.

4 Q. Were any of the high resolution cuts of this
5 same area where the calcification was seen?

6 A. No.

7 Q. Would you agree that high resolution of this
8 area where there's calcification would be --

9 A. I'm sorry. May I take that back?

10 Q. Yeah.

11 A. I didn't really -- What I meant to say is that
12 the high resolution cuts were not done with a technique to
13 show calcification.

14 Q. And what technique would be required to show
15 calcification?

16 A. A different level of window than what was used.

17 Q. What level?

18 A. Well, that depends on the machine that's used.

19 Q. Do you know what machine was used?

20 A. I can tell you in a moment. Yeah. No, it
21 doesn't mention the type of machine. I'm sorry. 9800. A
22 GE 9800.

23 Q. And what does that signify?

24 A. General Electric 9800 is the brand model.

25 Q. And is that machine capable of doing the

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1 appropriate technique to look at this area?

2 A. Oh, yes.

3 Q. Would a high resolution CT of the area where
4 there was diffuse calcification be helpful in making a
5 determination as to what that calcification is?

6 A. Can I just let me look at the film a moment?

7 Q. Absolutely.

8 Sir, when you said GE 9800 --

9 A. It's there, you see.

10 Q. -- that's the June 21st, 1994 film?

11 A. Yes.

12 Q. The January 17th, 1995 film was taken at a
13 different location?

14 A. Yes.

15 Q. Do you know what they used?

16 A. I'm just trying to get those films out. If
17 you'll bear with me a moment. Here we are. They were
18 Tower Radiology, I think. I don't see the type of machine

19 on here. Most machines have the make of it. I just --
20 This one doesn't seem to. No.
21 In answer to your question about the high
22 resolution film, I'm not sure which envelope that's in now.
23 I thought it was this one. Here we are. I'm sorry. I put
24 it to one side.
25 Would you rephrase the question again? I've
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1 forgotten what it was.
2 (The following question was read:
3 "Q. Would a high resolution CT of the
4 area where there was diffuse calcification
5 be helpful in making a determination as to
6 what that calcification is?")
7 THE WITNESS: Yes, Miss, provided the window was
8 at the right level. I had forgotten what we were talking
9 about.
10 MS. CHABER: Q. Okay. And when we're talking
11 about windows being at the right level, there's a grid and
12 a key that shows us where these cuts are being taken;
13 correct?
14 A. Yes, Miss, but that isn't quite what I meant.
15 Q. What did you mean?
16 A. These lines show you where the cuts were taken.
17 Q. Yes.
18 A. And they're 1.5 millimeters thick --
19 Q. Right.
20 A. -- in this case anyway but --
21 Q. That's how wide the opening of each of these
22 lines are?
23 A. Yes. Exactly.
24 Q. Okay.
25 A. But what I meant, Miss, is that -- Sorry. Go
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1 ahead.
2 Q. Okay. The wider the opening the more physical
3 structure we're looking at at one time; correct?
4 A. Yes, but not in as good detail.
5 Q. Okay. That's what I mean. It's more --
6 The smaller the opening the more we're looking
7 at the trees rather than the forest?
8 A. Yes, Miss.
9 Q. Okay. And then what did you mean by "level"?
10 A. Well, if you could look at this film, Miss.
11 Q. All right. We're looking at -- I need to make a
12 record because you're pointing to --
13 A. Image No. 1.
14 Q. -- Image 1 on the high resolution.
15 A. Yes, compared with Image 33 on the standard.
16 Q. On the standard. And we're looking at the
17 January 17th, 1995 film.
18 A. Right. And, you see, the pleura lines the
19 inside of the ribs.
20 Q. And you're demonstrating the left lung?
21 A. Yes, because I'm nearer that side.
22 Q. Okay.
23 A. Whereas on this kind of picture --
24 Q. The high resolution.
25 A. On the high resolution picture because the
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1 window level is different and the window width is different
2 you don't get the same black and white appearance.

3 And so if you look at the calcium, for example,
4 the calcium in the bone here is more apparent than the
5 calcium in the bone is apparent here to me because the
6 window's level and width is different. If you look at the
7 calcium end of this mass down here, then we need to use the
8 appropriate window.

9 Q. Okay. And the contrast as well affects how well
10 the calcification will show up on a CT scan? Is that true?

11 A. Yes.

12 Q. The more contrast there is on the CT scan the
13 whiter the calcification will look and the blacker air will
14 look?

15 A. Yes.

16 Q. And with respect to the differential diagnosis
17 of what that calcification is that is seen on the
18 January 17th, 1995 film you are not prepared to state what
19 the differential is. Is that correct?

20 A. I can give you the differential as a
21 radiologist. I can't tell you what the cause is.

22 Q. What is the differential?

23 A. It could be an osteocartilaginous type of
24 mesothelioma. It could be necrosis with dysplastic
25 calcification in the tumor itself. It -- I was just

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1 waiting for you to finish writing. I didn't want to speak
2 too quickly.

3 Q. Thank you.

4 A. It could be an effect of the fact that the man
5 had a talc pleurodesis. And it could be possibly -- and
6 I'm just giving you a differential. I'm not attributing
7 weight into any of these things -- a psammomatous
8 calcification, p-s-a-m-m-o-m-a-t-o-u-s calcification, in a
9 mucinous adenocarcinoma.

10 Q. If this is not an adenocarcinoma, that latter
11 differential would be excluded; correct?

12 A. I'd rather you ask a pathologist that. I can't
13 give you an actual answer to that. But the commonest cause
14 of psammomatous calcification is an adenocarcinoma.

15 Q. Do you have any reason to dispute that this is a
16 mesothelioma?

17 A. It's beyond my area of expertise.

18 Q. Have you looked at mesotheliomas on CT and chest
19 x-rays before?

20 A. Yes, Miss.

21 Q. And does this have the typical appearance of a
22 mesothelioma on chest x-ray and CT scan?

23 A. The calcification is atypical. An
24 osteocartilaginous mesothelioma is rare.

25 Q. Is everything else other than the calcification

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1 that you see on the chest x-rays and CT scans of
2 Dr. Horowitz typical of the presentation of mesothelioma?

3 A. Yes, Miss.

4 Q. And there is invasion of both the minor and the
5 major fissure?

6 A. Yes, Miss.

7 Q. And that means that the cancer is growing
8 between the lobes of the lung?

9 A. Yes, Miss.

10 Q. And there is a mass adjacent to the aortic
11 border?
12 A. To the right of it, yes.
13 Q. And the tumor surrounds the circumference of the
14 right lung?
15 A. Yes, Miss.
16 Q. And all of those are typical and classic
17 features of the way mesothelioma grows?
18 A. Yes, Miss.
19 Q. And other than the calcification is there
20 anything that you have reviewed that is not typical and
21 classic of mesothelioma?
22 A. No, Miss.
23 Q. And let's assume hypothetically that that
24 calcification is unrelated to the mesothelioma that is
25 separate and apart from the tumor. Can you make that

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1 assumption?
2 A. I don't know if that's -- I mean I gave you the
3 differential diagnosis, but I can't assume that one of
4 those four is more right than the other four.
5 Q. Okay. Is it within the differential diagnosis
6 that the calcification is not part and parcel of the tumor
7 that we are looking at in Dr. Horowitz but is a different
8 process?
9 A. Yes, it is possible. Yes.
10 Q. And although you don't think it is likely, is it
11 possible that that is a calcified pleural plaque?
12 A. That area that we're discussing I don't think
13 it's likely that it's a calcified pleural plaque.
14 Q. You don't think it's likely. I asked you if you
15 believe that it's possible in the differential.
16 A. I've never seen one like that, put it that way.
17 Q. Have you ever seen reported in the scientific
18 literature pleural plaques fitting the description of what
19 is seen in Dr. Horowitz?
20 A. There are reports of -- I may not be answering
21 your question. Tell me if it isn't.
22 There are reports in the literature of
23 mesotheliomas enveloping preexisting pleural plaques.
24 Q. And the calcification that's seen there is in
25 the hemidiaphragm area?

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1 A. It's in the right lower lung, yeah. Some of it
2 is adjacent to the hemidiaphragm. Some of it is a little
3 higher up. It's on several sections.
4 I should state that I can't separate out the
5 hemidiaphragm, the hemidiaphragm pleura tumor mass and the
6 adjacent lung. It's all one mass.
7 Q. In Dr. Horowitz you do not see any line of
8 demarcation between the hemidiaphragm and the tumor; is
9 that correct?
10 A. Not in the later films, no.
11 Q. And by the later films you're referring to the
12 January 17th film?
13 A. Yes.
14 Q. We'll come back to some of this in a few minutes
15 but let me deal with your notes here, Doctor.
16 We're up to three. We'll mark these as
17 Plaintiffs' 3 the -- and you're going to provide me with a
18 clean copy that we'll mark after --

19 MS. SPANOS: Yes.
20 MS. CHABER: -- the original notes that you made
21 on May 9th, 1995.
22 (Plaintiffs' Exhibit No. 3 was
23 marked for identification.)
24 MS. CHABER: Q. Okay. And these are those
25 notes dated 5/9/95?

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1 A. Yes, that's right.
2 Q. And then I have been provided and we'll mark as
3 Plaintiffs' 4 Pages 5, 6 and 7 of those original notes
4 where you made additions to those notes.
5 A. Yes.
6 (Plaintiffs' Exhibit No. 4 was
7 marked for identification.)
8 MS. CHABER: Q. Is that correct?
9 A. Yes, Miss.
10 Q. And the additions you have asterisked?
11 A. In the top corner.
12 Q. In the --
13 A. What I meant, Miss, was that where there's a
14 change it's marked with an asterisk and then --
15 Q. And then have you marked the actual addition
16 with an asterisk?
17 A. That one is. I'm not sure that I've done every
18 one. This one I didn't. Would you mark that with an
19 asterisk?
20 Q. I would ask you to do that on the record that
21 we're going to attach.
22 A. Sure. Okay. Will you give me a moment, please?
23 Q. Yes. And just so the record is clear what
24 you're doing now is you are marking the actual additions on
25 Pages 5, 6 and 7 with an asterisk. Is that correct,

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1 Doctor?
2 A. Yes, Miss. That's all done, Miss.
3 Q. Okay. And you have marked with an asterisk at
4 the bottom of Page 5. And on the 6/21/94 Cedars Sinai CT
5 scan you've added something there as well?
6 A. Yes. There's an asterisk there, yes.
7 Q. And that's on Page 6. And you marked on Page 7
8 the addition of cut 30?
9 A. Yeah.
10 Q. Or window 30 rather or window frame?
11 A. No, Section 30. Image 30. It would be
12 Image 30.
13 Q. Okay. And those are the only changes you made
14 to your original notes?
15 A. Yes.
16 Q. And then have you made any additional notes
17 besides what we've marked as 3 and 4?
18 A. Yes. These two sheets, Miss.
19 Q. Okay. And those have been marked Pages 8 and 9?
20 A. Yes, Miss.
21 MS. CHABER: Okay. And that we'll mark as
22 Plaintiff's 5.
23 (Plaintiffs' Exhibit No. 5 was
24 marked for identification.)
25 MS. CHABER: Q. And these notes were made

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1 yesterday and today?
2 A. Last night and this morning, yeah. Well,
3 yesterday and today, yes.
4 Q. Okay. And then on Page 9 where it says "New
5 Backer Information," that was actually written --
6 A. This afternoon.
7 Q. -- this afternoon after you got here for the
8 deposition?
9 A. Uh-huh.
10 Q. Is that correct?
11 A. Yes, Miss.
12 Q. What caused you to go do medical research last
13 night or today for today?
14 A. I was having a deposition today, and I generally
15 like to every so often review the latest journals, not
16 necessarily in this case but it's a useful time to do it.
17 Q. Did anyone request that you do that?
18 A. No.
19 Q. Do you do that before every deposition?
20 A. No. I do it about once a month whether there's
21 a deposition or not.
22 Q. And did Dr. Horowitz's deposition being
23 scheduled for today trigger your review?
24 A. No. I work Monday, Wednesday, and Friday so the
25 only days I can do my library work is the weekends or

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1 Tuesday and Thursday so --
2 Q. All right. You look at cases other than
3 mesothelioma; correct?
4 A. Yes. You mean in my regular work? I do regular
5 CT work, yeah.
6 Q. In your medical/legal work you look at a variety
7 of different conditions of the chest; correct?
8 A. Yes. Correct.
9 Q. And what was it that caused you to go do a
10 review on the incidence of mesothelioma last night?
11 A. Because a few of the -- Well, a few journals I
12 picked up just happened to have mesothelioma articles in
13 it, and this one from Scandinavia seemed interesting and
14 one which I hadn't read before.
15 I didn't just review mesotheliomas if that's the
16 gist of your question. I was -- I read pleural effusions,
17 for example.
18 Q. And what article did you read on pleural
19 effusions?
20 A. I read an article by Elwes, I think it is.
21 Q. E-w --
22 A. I'm not sure of the exact spelling. E-l-w-e-s,
23 I think it is.
24 Q. And what was that article about?
25 A. It was a survey in one of the British journals

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1 of the incidence of pleural effusions in people working in
2 dockyards.
3 Q. In order to determine what you're going to look
4 at when you go to the library, how do you do that?
5 A. I pick up the journals that have arrived in the
6 last month or six weeks since I went there last and look at
7 the topics that might be of some interest to me.
8 Q. Are there certain journals that you look at
9 regularly?

10 A. Yes. The British and American Occupational
11 Medicine Journals. I also look at British Radiology,
12 Clinical Radiology. That's one I look at.
13 Q. What's the name of it?
14 A. Clinical Radiology.
15 Q. And it's a British journal?
16 A. A British journal, yes.
17 Q. And did you look at that last night?
18 A. No. I looked at that -- Oh, when was that?
19 Last week.
20 Q. Did you read anything in that?
21 A. Not on asbestos-related disease.
22 Q. What other journals?
23 A. I'll tell you the journals I buy, but the
24 journals I read that I've read in the last month I really
25 can't enumerate them all because when I'm in the library

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1 I'll just sometimes -- in the x-ray library at U.C. or the
2 main library I'll just flip through a few journals, and I
3 can't really exactly remember what I've read.
4 But in the last couple of weeks I've read the
5 Journal of Computed Axial Tomography, Clinical Radiology,
6 and my regular journals which are Radiographics and
7 American Journal of Roentgenology. And those are the ones
8 I've read in the last few weeks.
9 Q. And to your recollection was there anything
10 related to asbestos-related disease in any of the journals
11 that you buy?
12 A. Well, in the last few weeks, you mean?
13 Q. Yes.
14 A. No.
15 MS. CHABER: Okay. Why don't we take a break
16 and I'll try to read the doctor's handwriting and see what
17 I need him to read.
18 (Short break from 4:30 p.m. to 4:52 p.m.)
19 MS. CHABER: Q. Doctor, I'm going to give you
20 two checks for \$300 each representing two hours and maybe a
21 little bit more than that.
22 We've gone less than two hours so you'll give me
23 some credit in the next part of it --
24 A. Okay.
25 Q. -- and we'll go from there.

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1 A. Yeah. Tell me whatever it is.
2 MS. CHABER: Okay. Thanks.
3 (Discussion off the record.)
4 MS. CHABER: Okay. It's been agreed that
5 Plaintiffs' counsel will take possession of the x-rays that
6 are here and will get them back to Berry & Berry on the
7 morning of 7/24 unless requested sooner; and in that case
8 we will try to work out an arrangement that is suitable to
9 everybody.
10 MS. SPANOS: That's fine.
11 MS. CHABER: Thanks.
12 (Whereupon, at 5:01 p.m. the deposition was adjourned.)
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WITNESS' SIGNATURE

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1 CERTIFICATE OF DEPOSITION OFFICER

2
3 I, CLAUDETTE DOLEMAN, CSR NO. 6379, duly
4 authorized to administer oaths pursuant to Section 2093(b)
5 of the California Code of Civil Procedure, hereby certify
6 that the witness in the foregoing deposition was by me duly
7 sworn to testify to the truth, the whole truth and nothing
8 but the truth in the within-entitled cause; that said
9 deposition was taken at the time and place therein stated;
10 that the testimony of said witness was reported by me and
11 was thereafter transcribed by me or under my direction into
12 typewriting by computer; that the foregoing is a full,
13 complete and true record of said testimony to the best of
14 my ability; and that the witness was given an opportunity
15 to read, correct and sign said deposition and to subscribe
16 the same.

17 I further certify that I am not of counsel nor
18 attorney for either or any of the parties in the foregoing
19 deposition and caption named, or in any way interested in
20 the outcome of the cause named in said caption.

21 _____
22 DEPOSITION OFFICER

23 _____
24 DATE OF CERTIFICATION

25 I hereby certify this copy is
a true and exact copy of the original.

DEPOSITION OFFICER

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